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#### FEC FORM 2

#### STATEMENT OF CANDIDACY

1. (a	a) Name of Candidate (in full)									
/	McCarthy, Kevin, , ,				O Condidatala FFO Identification Number					
(t	o) Address (number and street) PO Box 12667	☐ Check if address changed			Candidate's FEC Identification Number     H6CA22125					
(0	c) City, State, and ZIP Code			3. Is This		Vew		Amended		
	Bakersfield	CA 93389-2667		Statem	nent 🗶 (	(N) OF		(A)		
4. P	arty Affiliation	5. Office Soug	jht		6. State & Dist	trict of Candid	late			
F	REPUBLICAN PARTY	House			CA	23				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)									
	OTE: This designation should be	filed with the ap	propriate off	ce listed in t	he instructions.					
(8	a) Name of Committee (in full)	Canaraaa								
	Kevin McCarthy for	Congress	•							
(k	o) Address (number and street)									
	PO Box 12667									
(0	c) City, State, and ZIP Code									
	Bakersfield				CA	93389	-2667			
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	COMMIT	TEES			
		(	Including Joi	nt Fundraisir	g Representativ	res)				
8 I	hereby authorize the following nar	med committee	which is NO	T my princin	al campaign con	nmittee to re	ceive and e	expend fun	ds on hel	nalf of my
	andidacy.			, թ	ai campaigil coi		30.10 0.10 0	лрона тан		
N	NOTE: This designation should be filed with the principal campaign committee.									
(a	a) Name of Committee (in full)									
`	Take Back The Hou	ıse Texas	2020							
()	b) Address (number and street)									
(1	PO Box 30844									
(0	c) City, State, and ZIP Code									
	Bethesda				MD	20824				
	I certify that I have exa	amined this Sta	tement and to	the best of	my knowledge a	and belief it is	true, correc	ct and com	plete.	
Signature of Candidate					Date					
McCarthy, Kevin, , ,			[Flec	tronically Filed]	01/27/202	21				
				Elec	ironicumy 1 iicu j					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

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### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

8.	nereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	Name of Committee (in full)								
	Take Back The House 2022								
	(b) Address (number and street) PO Box 30844								
	(c) City, State, and ZIP Code								
	Bethesda	MD	20824-0844						
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. <b>NOTE</b> : This designation should be filed with the principal campa								
	(a) Name of Committee (in full)								
	Take Back the House California 2020								
	(b) Address (number and street) PO Box 30844								
	(c) City, State, and ZIP Code								
	Bethesda	MD	20824-0844						
8.	8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  Four Amigos Joint Committee								
	(b) Address (number and street) 601 S Boulevard								
	(c) City, State, and ZIP Code								
	Tampa	FL	33606-2629						
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. <b>NOTE</b> : This designation should be filed with the principal campa								
	(a) Name of Committee (in full)								
	McCarthy Victory Fund								
	(b) Address (number and street) PO Box 30844								
	(c) City, State, and ZIP Code								
	Bethesda	MD	20824-0844						

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page \_\_\_3 **of** \_3\_\_\_

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES** 

	(Including Joint Fundraising Representatives)					
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	Take Back the House 2020					
	(b) Address (number and street) PO Box 30844	_				
	(c) City, State, and ZIP Code	-				
	Bethesda MD 20824-0844					
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					